



# Ward Flexibility Funding Application Form

Thank you for your interest in Stockport Council's Ward Flexibility Fund. To give your group the best chance of success please read the guidance notes and the questions on the application form carefully.

Please ensure that all boxes on this form are completed. You must also include all additional information that is requested.

## 1. About Your Organisation

### 1. Name of Organisation/ Group

HEALD GREEN VILLAGE HALL COMMUNITY ASSOCIATION

### 2. Organisation/Individual Address

HEALD GREEN VILLAGE HALL  
OUTWOOD ROAD  
HEALD GREEN  
STOCKPORT SK8 3JL

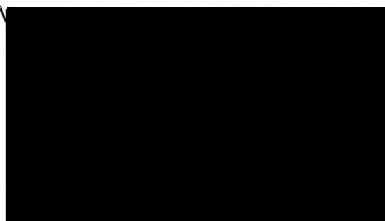
### 3. Main Contact Details (for correspondence)

Title: MRS

Name: BERYL CONNOR

Role: TREASURER

Address:



Postcode:

Home Phone Number:



Mobile Phone Number:



Email Address:



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#### 4. Please provide your bank account details

Account Name:

Account Number:

Sort Code:

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#### 5. What is the status of your Organisation/ Group?

Please Tick

A New Group

☐

Voluntary Organisation

☐

A Registered Charity

☒

Company Limited by Guarantee

☐

No. 1145329

No.

Applying for Charitable Status

☐

Unregistered Association

☐

Friendly Society

☐

Other (Please specify)

☐

Housing Association

☐

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#### 6. Please describe the main activities of your Organisation/ Group

THE COMMITTEE IS A GROUP OF VOLUNTARY RESIDENTS WHO MANAGE THE BUILDING AND MAINTAIN IT. THEY ORGANISE SPECIAL EVENTS IE, CHRISTMAS/NEW YEAR EVENTS FOR RESIDENTS AND HIRE THE BUILDING OUT FOR ACTIVITY GROUPS, FAMILY CELEBRATIONS, KEEP FIT AND EDUCATION SUITABLE FOR ALL AGE GROUPS TO BENEFIT FROM.

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#### 7. When was your Organisation/Group established?

THE VOLUNTARY COMMITTEE WAS FORMED IN 1995 AND CONTINUES TO MANAGE THE BUILDING.

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#### 8. Does your organisation have the following policies and procedures in place?

If you are awarded a grant you will be required to send copies of all relevant documents as part of the grant agreement.

A governance/management committee

☒

A Constitution/governing document/set of rules

☒

An Equal Opportunities Policy

☐

A Child Protection Policy (where necessary)

☐

A Health and Safety Public liability

☒

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## 2. About Your Application

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### 9. Please give us a brief description of your proposed/planned project or activity

*You may wish to include details of what activities will take place, where will it happen, how often and who will take part. If you are applying for equipment you can tell us what will it be used for and why is it needed.*

TO EMPLOY A SECURITY FIRM TO PATROL  
THE PREMISES FROM 4pm UNTIL MIDNIGHT  
FOR THE FIRST WEEKEND AND THEN ON AN  
AD-HOC BASIS WHILST FUNDS ALLOW

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### 10. Who will benefit from this grant?

*e.g. local residents, young people, older people and how?*

ALL USERS AND VISITORS TO THE VILLAGE HALL  
MAKING IT SAFER.

#### 10(a) How Many Stockport residents will benefit?

NO RESTRICTION - ALL RESIDENTS FROM STOCKPORT AREAS

#### 10(b) Are there any restrictions on who will benefit from the funding?

AS ABOVE - NO RESTRICTIONS

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### 11. Your Project's Budget

*Please provide a breakdown of cost for your project including VAT where applicable and submit any estimates for the purchase of equipment or work to be done.*

THE SECURITY FIRM UNIQUE.N. UK LTD CHARGE £18.50  
PER PATROL PLUS VAT  
PERMANENT PATROLS FROM 4PM UNTIL MIDNIGHT COST  
£15.50 PER HOUR PLUS VAT

11(a) How much will the project/activity cost in total?

AS MUCH AS FUNDS ALLOW

11(b) Tell us about other any other sources of income you have already applied for or raised so far in relation to this project

NONE . WILL LOOK AT OTHER FUNDING .

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12. How much are you applying for from the Ward Flexibility Budget?

£1,000.

12(a) If the amount you are applying for covers only part of the project/activity, then please tell us how do you intend to fund any shortfall?

THIS WILL BE SUFFICIENT TO GET THE FIRST  
PATROL FOR THE FIRST WEEKEND. THERE WILL  
NOT BE ANY SHORTFALL

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13. What is the planned timescale for spending this grant?

AS SOON AS POSSIBLE



### 3. Which Wards are you Applying to?

You may tick more than one box. Please note that no grant of more than £1,000 in totality will ordinarily be made.

Please tell us for each ward you wish to make an application to:-

- (a) how many people will benefit in that ward; and  
(b) what proportion of funding from your overall application you are seeking from each ward.

	Number of beneficiaries	How much funding you are seeking
<b>Bramhall &amp; Cheadle Hulme South Area Committee</b>		
Bramhall North	<input type="checkbox"/>	
Bramhall South & Woodford	<input type="checkbox"/>	
Cheadle Hulme South	<input type="checkbox"/>	
<b>Central Stockport Area Committee</b>		
Brinnington & Central	<input type="checkbox"/>	
Davenport & Cale Green	<input type="checkbox"/>	
Edgeley & Cheadle Heath	<input type="checkbox"/>	
Manor	<input type="checkbox"/>	
<b>Cheadle Area Committee</b>		
Cheadle & Gatley	<input type="checkbox"/>	
Cheadle Hulme North	<input type="checkbox"/>	
Heald Green	<input checked="" type="checkbox"/>	
<b>Heatons &amp; Reddish Area Committee</b>		
Heatons North	<input type="checkbox"/>	
Heatons South	<input type="checkbox"/>	
Reddish North	<input type="checkbox"/>	
Reddish South	<input type="checkbox"/>	
<b>Marple Area Committee</b>		
Marple North	<input type="checkbox"/>	
Marple South	<input type="checkbox"/>	
<b>Stepping Hill Area Committee</b>		
Hazel Grove	<input type="checkbox"/>	
Offerton	<input type="checkbox"/>	
Stepping Hill	<input type="checkbox"/>	
<b>Werneth Area Committee</b>		
Bredbury & Woodley	<input type="checkbox"/>	
Bredbury Green & Romiley	<input type="checkbox"/>	
<b>Totals</b>		£1,000

This total should add up to  
the figure you provided in  
**Question 12**



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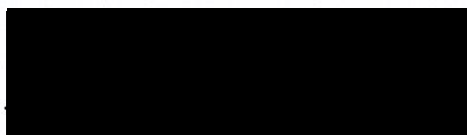


## 4. Application Checklist and Declaration

1. I am authorised to make this application on behalf of the above organisation ☒
2. I certify that the information contained in this application is correct ☒
3. If the information changes in any way I will inform Democratic Services accordingly. ☒
4. I give permission for Democratic Services to contact my organisation and/or myself by phone, mail or e-mail with information about its activities and funding opportunities. ☒
5. I/we agree (if required) to attend an Area Committee meeting to explain how the proposal will improve the environmental, economic or social wellbeing of the area and to answer any questions. ☒
6. Our details can be used for promotional purposes should this request be successful ☒
7. I/We will use this grant for the proposed project/activities stated in our application. ☒
8. I/we will not use the grant for any other purpose prior to contacting Democratic Services in order to seek authorisation. ☒
9. I/we will provide appropriate proof of expenditure to Democratic Services, within 12 months from the Grant being made. ☒
10. I/we will highlight the support of the Area Committee in recent publicity material. ☒
11. I/we agree to providing information to assist in the future monitoring of the effectiveness of the funding including reporting back to the Area Committee on how the grant has been spent and what difference it has made. ☒
12. I/we agree that the content of this completed application form and any supplementary information provided may be published on the Council's website and other publications as part of the application process. ☒

Print your name:

Signature:



or if submitted electronically tick this box to signify your agreement to the above terms



Date:

29/11/2020

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